



1733#



Please type a plus sign (+) inside this box [+]

Patent and Trademark Office: U.S. Department of Commerce

000 PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number 10/002,080	RECEIVED OCT 20 2003 TC 1700
		Filing Date 10/31/2001	
		First Named Inventor Kevin S. Stein	
		Group Art Unit 1733	
		Examiner Name Todd J. Kilkenny	
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Attorney Docket Number 4470-00613	
Total Number of pages in this Submission 11			

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication To Group
<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement/PTO-1449	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	<div>Return receipt postcard</div>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Joseph J. Jochman, Reg. No. 25,058 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	October 9, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date:			
<div>October 9, 2003</div>			
Typed or printed name	Barbara A. Johnson		
Signature		Date	10/9/2003

PTO/SB07
(10/97)



FEE TRANSMITTAL

COMPLETE IF KNOWN

Application Number	10/002,080
Filing Date	10/31/2001
First Named Inventor	Kevin S. Stein
Group Art Unit	1733
Examiner Name	Todd J. Kilkenny
Attorney Docket Number	4470-00613

RECEIVED

OCT 20 2003

TC 1700

Total Amount of Payment (\$ 950.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **01.2000**

Deposit Account Name **Andrus, Scales, Starke & Sawall, LLP**

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b)

3. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/97)

1. Filing Fee

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

101	790	201	395	Utility filing fee	_____
106	330	206	165	Design filing fee	_____
107	540	207	270	Plant filing fee	_____
108	790	208	395	Reissue filing fee	_____
114	150	214	75	Provisional filing fee	_____

SUBTOTAL (1) (\$ 0)

2. Claims

Extra Fee from below

Fee Paid

Total claims -20= X _____ = _____

Independent Claims - 3= X _____ = _____

Multiple Dependent Claims X _____ = _____

Large Entity Small Entity Fee

Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

103	22	203	11	Claims in excess of 20	_____
102	82	202	41	Independent claims in excess of 3	_____
104	270	204	135	Multiple dependent claim	_____
109	82	209	41	Reissue independent claims over original patent	_____
110	22	210	11	Reissue claims in excess of 20 and over original patent	_____

SUBTOTAL (2) (\$ 0)

FEE CALCULATION (continued)

2. Additional Fees

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Code (\$) Code (\$)

Fee Description

Fee Paid

105	130	205	65	Surcharge-late filing fee or oath	_____
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for response within first month	_____
116	400	216	200	Extension for response within second month	_____
117	870	217	435	Extension for response within third month	<u>\$950</u>
118	1,510	218	755	Extension for response within fourth month	_____
128	2,060	228	1,030	Extension for response within fifth month	_____
119	310	219	155	Notice of appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive unavoidably abandoned application	_____
141	1,320	241	660	Petition to revive unintentionally abandoned application	_____
142	1,320	242	660	Utility issue fee (or reissue)	_____
143	450	243	225	Design issue fee	_____
144	670	244	335	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Petitions related to provisional applications	_____
126	240	126	240	Submission of Information Disclosure Statement	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	_____
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	_____

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$ 950.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Type or Printed name **Joseph J. Jochman**
Andrus Scales, Starke & Sawall, LLP

Signature *Joseph J. Jochman*

COMPLETE (if applicable)

Registration Number **25,058**

Date **10/9/2003**

Deposit Account User ID